

**Prior Authorization List for Physician Alliance of
the Rockies, UnitedHealthcare Medicare Advantage
Effective October 1, 2019**

**MEDICAL MANAGEMENT CONTACT INFO-
MONDAY - FRIDAY FROM 8:00 AM TO 5:00 PM - (720) 445-9404**

ALL REFERRALS TO SPECIALISTS REQUIRE PRIOR AUTHORIZATION

ALL OUT OF NETWORK SERVICES REQUIRE PRIOR AUTHORIZATION

*****THE SERVICES LISTED BELOW REQUIRE PRIOR AUTHORIZATION*****

| Procedures and Services | Current Procedural Terminology (CPT) Codes that require Prior Authorization |
|--|--|
| Referrals | Physician to physician referrals (all E&M Codes) are required to be submitted to Physician Alliance of the Rockies prior to all services rendered except the following: <ul style="list-style-type: none"> • Gastroenterology, solely for a colonoscopy • Obstetrics or gynecology • Ophthalmology Referrals to preferred providers are granted for 6 visits/6 months Referrals to non-preferred providers are granted for 3 visits/3 months *exceptions may be made for oncology |
| Admission: acute care inpatient hospital admissions | Notification is required for emergent/urgent and planned hospital admissions upon admission |
| Inpatient admissions-post acute services: | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities |
| Bariatric Surgery | 43644 43645 43770 43771 43772 43773 43775 43842 43843 43845 43846 43847 |
| Behavioral health services | Please call the number on the member's ID card to refer for mental health and substance abuse/substance use services. |
| Bone Growth Stimulator | 20974 20975 20979 E0747 E0748 E0749 E0760 |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast or other than following mastectomy | 11920 11921 11922 19316 19318 19324 19325 19328 19330 19340 19342 19350 19357 19361 19364 19366 19367 19368 19369 19370 19371 19380 19396 L8600 Notification or prior authorization is not required for the following diagnosis codes: C50.019, C50.011, C50.012, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C50.029, C50.021, C50.022, C50.121, C50.122, C50.129, C50.221, C50.222, C50.229, C50.321, C50.322, C50.329, C50.421, C50.422, C50.429, C50.521, C50.522, C50.529, C50.621, C50.622, C50.629, C50.821, C50.822, C50.829, C50.921, C50.922, C50.929, C79.81, D05.90, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.91, D05.92, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z42.1 |

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| Procedures and Services | Current Procedural Terminology (CPT) Codes that require Prior Authorization | | | | | | | | | |
|---|---|--------|--------|--------|-------|--------|--------|--------|--------|--------|
| Cardiology | | | | | | | | | | |
| Diagnostic catheterization | 93452 | 93453 | 93454 | 93455 | 93456 | 93457 | 93458 | 93459 | 93460 | 93461 |
| Electrophysiology Implants | | | | | | | | | | |
| • Pacemaker Implants | 33206 | 33207 | 33208 | 33212 | 33213 | 33214 | 33227 | 33228 | | |
| • CRT | 33221 | 33224 | 33229 | 33231 | 33264 | 33225 | | | | |
| • Defibrillator | 33230 | 33240 | 33249 | 33262 | 33263 | 33270 | | | | |
| • Echocardiogram | 93303 | 93304 | 93306 | 93307 | 93308 | | | | | |
| • Stress Echo | 93350 | 93351 | | | | | | | | |
| • TEE | 93312 | 93313 | 93314 | 96615 | 93316 | 93317 | 93318 | | | |
| Cochlear and other auditory implants | 69714 | 69715 | 69718 | 69930 | L8614 | L8619 | L8690 | L8691 | L8692 | |
| Complex Radiology | 70450 | 70460 | 70470 | 70480 | 70481 | 70482 | 70486 | 70487 | 70488 | 70490 |
| Computed Tomography | 70491 | 70492 | 70496 | 70498 | 71250 | 71260 | 71270 | 71275 | 72125 | 72126 |
| | 72127 | 72128 | 72129 | 72130 | 72131 | 72132 | 72133 | 72191 | 72192 | 72193 |
| | 72194 | 73200 | 73201 | 73202 | 73206 | 73700 | 73701 | 73702 | 73706 | 74150 |
| | 74160 | 74170 | 74174 | 74175 | 74176 | 74177 | 74178 | 74261 | 74262 | 74263* |
| | 75571 | 75572 | 75573 | 75574 | 75635 | 76380 | 76497 | G0297 | S8092* | |
| Magnetic Resonance Imaging | 70336 | 70540 | 70543 | 70544 | 70545 | 70546 | 70548 | 70549 | 70551 | 70553 |
| | 70554 | 70555 | 71550 | 71551 | 72149 | 72156 | 72157 | 72158 | 72196 | 73218 |
| | 73219 | 73220 | 73221 | 73222 | 73223 | 73718 | 73719 | 73720 | 73721 | 73722 |
| | 73723 | 74181 | 74182 | 74712 | 74713 | 75557 | 75559 | 72142 | 72195 | 70542 |
| | 70547 | 70552 | 71552 | 72141 | 72146 | 72148 | 72147 | 72197 | 75561 | 75563 |
| | 76498 | 77021 | 77084 | 71555 | C8909 | C8910 | C8911 | 72159* | C8931* | C8932* |
| | C8933* | 72198 | C8918 | C8919 | C8920 | 73225* | C8934* | C8935* | C8936* | 73725 |
| | C8912 | C8913 | C8914 | 74183 | S8037 | 74185 | C8900 | C8901 | C8902 | 77058 |
| | C8903 | C8904 | C8905 | 77059 | C8906 | C8907 | C8908 | S8042* | | |
| Nuclear Medicine | 78012 | 78013 | 78014 | 78015 | 78016 | 78018 | 78070 | 78071 | 78072 | 78075 |
| | 78099 | 78102 | 78103 | 78104 | 78185 | 78195 | 78199 | 78201 | 78202 | 78205 |
| | 78206 | 78215 | 78216 | 78226 | 78227 | 78230 | 78231 | 78232 | 78258 | 78261 |
| | 78262 | 78264 | 78265 | 78266 | 78278 | 78282 | 78290 | 78291 | 78299 | 78300 |
| | 78305 | 78306 | 78315 | 78320 | 78399 | 78428 | 78445 | 78451 | 78452 | 78453 |
| | 78454 | 78456 | 78457 | 78458 | 78466 | 78468 | 78469 | 78472 | 78473 | 78481 |
| | 78483 | 78494 | 78496 | 78499 | 78579 | 78580 | 78582 | 78597 | 78598 | 78599 |
| | 78600 | 78601 | 78605 | 78606 | 78607 | 78610 | 78630 | 78635 | 78645 | 78647 |
| | 78650 | 78660 | 78699 | 78700 | 78701 | 78707 | 78708 | 78709 | 78710 | 78740 |
| | 78761 | 78799 | 78800 | 78801 | 78802 | 78803 | 78804 | 78805 | 78806 | 78807 |
| | 78999 | | | | | | | | | |
| | 76376 | 76377 | | | | | | | | |
| 3D CT/MRI | 78459 | 78491 | 78492 | 78608 | 78811 | 78812 | 78813 | 78814 | 78815 | 78816 |
| | 78609 | G0235* | G0252* | S8085* | | | | | | |
| PET | Intensity modulated radiation therapy | | | | | | | | | |
| | 77385 | 77386 | G6015 | G6016 | | | | | | |
| Therapeutic radiology services | Stereotactic radiosurgery and stereotactic body radiation therapy | | | | | | | | | |
| | 77371 | 77372 | 77373 | G0173 | G0251 | G0339 | G0340 | | | |

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|--|---|---|---|---|---|---|---|---|---|---|
| <p>Cosmetic and reconstructive surgery Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that either treat a medical condition or improve or restore physiologic function</p> | 11960 17108 21230 21268 30620 67906 | 11971 17999 21235 21275 31295 67908 | 15820 21172 21248 21299 31296 67909 | 15821 21175 21249 21740 31297 67912 | 15822 21179 21255 21742 31298 67950 | 15823 21180 21256 21743 67900 67961 | 15830 21181 21260 28344 67901 67966 | 15847 21182 21261 30540 67902 Q2026 | 17106 21183 21263 30545 67903 | 17107 21184 21267 30560 67904 |
| <p>Drug/Drug Therapies</p> <p>Hyaluronic Acid (Hyalgan, Synvisc, Orthovisc, Euflexxa, Supartz)</p> | J7320 | J7321 | J7322 | J7323 | J7324 | J7325 | J7326 | J7327 | J7328 | J7329 |
| <p>Durable Medical Equipment <i>(continue to send requests to Apria) NOT SUBJECT TO \$1000 threshold</i> Advance notification required only in outpatient setting (to include home). Prosthetics are not DME (see separate Prosthetics and Orthotics notification requirement in this grid) for Medicare Advantage Members.</p> <p>Power mobility devices and accessories, lymphedema pumps and pneumatic compressors require notification or prior authorization regardless of the cost.</p> | E0466 E1239 K0813 K0826 K0839 K0853 K0863 K0885 | E0666 E2310 K0814 K0827 K0840 K0854 K0864 K0886 | E0667 E2311 K0815 K0828 K0841 K0855 K0869 K0890 | E0668 E2321 K0816 K0829 K0842 K0856 K0870 K0891 | E0669 K0800 K0820 K0830 K0843 K0857 K0871 K0898 | E0671 K0801 K0821 K0831 K0848 K0858 K0877 K0899 | E0672 K0802 K0822 K0835 K0849 K0858 K0878 K0899 | E0673 K0806 K0823 K0836 K0850 K0860 K0879 K0880 | E0675 K0808 K0824 K0837 K0851 K0861 K0880 | E1230 K0812 K0825 K0838 K0852 K0862 K0884 |
| <p>Durable medical equipment: more than \$1,000 <i>(continue to send requests to Apria)</i> Durable medical equipment with a retail purchase or cumulative rental cost over \$1,000</p> | E0170 E0328 E0616 E0693 E0782 E0986 E1009 E1036 E1100 | E0193 E0329 E0617 E0694 E0783 E0988 E1011 E1037 E1110 | E0194 E0350 E0618 E0700 E0784 E1002 E1016 E1050 E1161 | E0246 E0373 E0635 E0710 E0785 E1003 E1017 E1070 E1170 | E0277 E0459 E0636 E0740 E0786 E1004 E1018 E1084 E1171 | E0300 E0462 E0639 E0746 E0830 E1005 E1020 E1085 E1172 | E0302 E0465 E0640 E0761 E0970 E1006 E1029 E1086 E1180 | E0304 E0483 E0642 E0764 E0983 E1007 E1030 E1087 E1190 | E0316 E0603 E0692 E0770 E0984 E1008 E1035 E1089 E1195 | |

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|--|---|
| <p>Advance notification required only in outpatient setting (to include home).</p> <p>Prosthetics are not durable medical equipment (see separate Prosthetics and Orthotics notification requirement in this grid) for Medicare Advantage members.</p> | <p>E1200 E1222 E1224 E1227 E1228 E1229 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1270 E1280 E1295 E1296 E1297 E1298 E1310 E1399 E1500 E1510 E1520 E1530 E1540 E1550 E1560 E1575 E1580 E1590 E1592 E1594 E1600 E1615 E1620 E1625 E1630 E1632 E1634 E1635 E1636 E1637 E1639 E1699 E1812 K0020 K0037 K0039 K0044 K0046 K0047 K0050 K0051 K0056 K0065 K0072 K0073 K0098 K0105 K0108 K0455 K0609 K0730 K0743 K0744 K0745 K0746</p> |
| End stage renal disease dialysis services | <p>Advance notification required when members are referred to an out of network provider for dialysis services. Advance notification is not required for end stage renal disease when a UnitedHealthcare Medicare Solutions member travels outside of the service area.</p> <p>Verbal Notification is required.</p> <p>Please call Optum Kidney Resource Services at 866-561-7518 to refer members into UnitedHealthcare’s disease management program.</p> |
| Gastroenterology | |
| Colonoscopy | 45378 45380 G0105 G0121 |
| EGD | 43235 43236 43237 43239 43245 |
| Capsule Endoscopy | 91110 91111 |
| Gender dysphoria treatment | <p>55970 55980</p> <p>The following surgical codes when billed with these DX codes: F64.0; F64.1; F64.2; F64.8; F64.9; Z87.890</p> <p>14000 14001 14020 14021 14040 14041 14060 14061 14301 14302 15734 15738 15750 15757 15758 15775 15776 15780 15781 15782 15783 15788 15789 15792 15793 19303 19304 20926 21899 31599 31899 53410 53420 53425 53430 54125 54400 54401 54405 54408 54520 54660 54690 55175 55180 55866 56625 56800 56805 57106 54110 57291 57292 57295 57296 57335 57426 58661 58720 58940 64856 64892 64896 92507 92508</p> |
| Home health care - Non-nutritional | |
| <p>Advance notification required only in outpatient setting (to include home).</p> <p>For service days 1-60, no notification is required. For service days 61 and beyond, the services in the next column</p> | <p>Certified Nurse’s Aide in the home G0156 S9122</p> |

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|---|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| require prior authorization or advance notification. | | | | | | | | | | |
| Hysterectomy – inpatient only Vaginal hysterectomies - No authorization required for outpatient vaginal hysterectomies. | 58260 | 58262 | 58263 | 58267 | 58270 | 58275 | 58280 | 58290 | 58291 | 58292 |
| | 58293 | 58294 | | | | | | | | |
| Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic Surgeries | 58150 | 58152 | 58180 | 58541 | 58542 | 58543 | 58544 | 58550 | 58552 | 58553 |
| | 58554 | 58570 | 58571 | 58572 | 58573 | | | | | |
| Non-emergency air transport Non-urgent ambulance transportation by air between specified locations | A0430 | A0431 | A0435 | A0436 | | | | | | |
| Orthognathic surgery Treatment of maxillofacial functional impairment | 21120 | 21121 | 21122 | 21123 | 21125 | 21127 | 21141 | 21142 | 21143 | 21145 |
| | 21146 | 21147 | 21150 | 21151 | 21154 | 21155 | 21159 | 21160 | 21188 | 21193 |
| | 21194 | 21195 | 21196 | 21198 | 21199 | 21206 | 21210 | 21215 | 21240 | 21242 |
| | 21244 | 21245 | 21246 | 21247 | | | | | | |
| Orthotics: more than \$1,000 Orthotics with a retail purchase or cumulative rental cost more than \$1,000. Advance notification required only in outpatient setting (to include home). | L0112 | L0113 | L0140 | L0150 | L0170 | L0200 | L0220 | L0452 | L0462 | L0464 |
| | L0466 | L0468 | L0480 | L0482 | L0484 | L0486 | L0622 | L0623 | L0624 | L0629 |
| | L0631 | L0632 | L0634 | L0636 | L0638 | L0700 | L0710 | L0810 | L0820 | L0830 |
| | L0859 | L0999 | L1000 | L1001 | L1005 | L1200 | L1300 | L1310 | L1499 | L1630 |
| | L1640 | L1680 | L1685 | L1700 | L1710 | L1720 | L1730 | L1755 | L1834 | L1844 |
| | L1904 | L1920 | L2000 | L2005 | L2010 | L2020 | L2030 | L2034 | L2036 | L2037 |
| | L2038 | L2040 | L2050 | L2060 | L2070 | L2080 | L2090 | L2126 | L2128 | L2136 |
| | L2232 | L2320 | L2387 | L2520 | L2525 | L2526 | L2627 | L2628 | L2800 | L2861 |
| | L3160 | L3201 | L3202 | L3203 | L3204 | L3206 | L3207 | L3208 | L3209 | L3211 |
| | L3212 | L3213 | L3214 | L3215 | L3250 | L3251 | L3252 | L3253 | L3254 | L3255 |
| | L3257 | L3265 | L3320 | L3485 | L3649 | L3674 | L3720 | L3764 | L3765 | L3766 |
| | L3891 | L3900 | L3901 | L3904 | L3921 | L3956 | L3961 | L3967 | L3971 | L3973 |
| | L3975 | L3976 | L3977 | L3978 | L4000 | L4030 | L4040 | L4045 | L4050 | L4055 |
| | L4631 | | | | | | | | | |
| Orthopedic surgeries Spine and joint surgeries | 22100 | 22101 | 22102 | 22110 | 22112 | 22114 | 22206 | 22207 | 22210 | 22212 |
| | 22214 | 22220 | 22222 | 22224 | 22532 | 22533 | 22548 | 22551 | 22554 | 22556 |
| | 22558 | 22590 | 22595 | 22600 | 22610 | 22612 | 22630 | 22633 | 22800 | 22802 |
| | 22804 | 22808 | 22810 | 22812 | 22818 | 22819 | 22830 | 22849 | 22850 | 22852 |
| | 22855 | 22856 | 22861 | 22864 | 22865 | 22867 | 22869 | 22899 | 23470 | 23472 |
| | 24360 | 24361 | 24362 | 24363 | 27120 | 27122 | 27125 | 27130 | 27132 | 27134 |
| | 27137 | 27138 | 27412 | 27445 | 27446 | 27447 | 27486 | 27487 | 29866 | 29867 |
| | 29868 | 29914 | 29915 | 29916 | 63001 | 63003 | 63005 | 63011 | 63012 | 63015 |
| | 63016 | 63017 | 63020 | 63030 | 63040 | 63042 | 63045 | 63046 | 63047 | 63050 |
| | 63051 | 63055 | 63056 | 63064 | 63075 | 63077 | 63081 | 63085 | 63087 | 63090 |

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|--|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|
| Vertebroplasty/Kyphoplasty | 63101 | 63102 | 63170 | 63172 | 63173 | 63180 | 63182 | 63185 | 63190 | 63191 | 63194 | 63195 | 63196 | 63197 | 63198 | 63199 | 63200 | J7330 | | | |
| | 22510 | 22511 | 22512 | 22513 | 22514 | 22515 | 0200T | 0201T | | | | | | | | | | | | | |
| Out-of-network services | For UnitedHealthcare Medicare Advantage Members: Advance notification is required for UnitedHealthcare Medicare Advantage members when: A network physician or health care professional refers them to an out-of-network care provider and the member's benefit plan does not cover out-of-network services | | | | | | | | | | | | | | | | | | | | |
| Pain Management | | | | | | | | | | | | | | | | | | | | | |
| ESI | 62321 | 62323 | 62325 | 62327 | 64479 | 64480 | 64483 | 64484 | | | | | | | | | | | | | |
| Facet Blocks | 64633 | 64634 | 64636 | 64490 | 64491 | 64492 | 64493 | 64494 | 64495 | | | | | | | | | | | | |
| Potentially unproven services (including experimental/investigational) | | | | | | | | | | | | | | | | | | | | | |
| Services, including medications, determined to be ineffective effective for treating the medical condition and/or to have no beneficial effect on health outcomes. This determine is made when there is insufficient clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published, peer-reviewed medical literature. | 28890 | 36514 | 61850 | 61863 | 61864 | 61867 | 61868 | 61886 | 64405 | | 64555 | 64722 | 64744 | 66180 | 95965 | 95966 | | | | | |
| Prosthetics: more than \$1,000 | L5010 | L5020 | L5050 | L5060 | L5100 | L5105 | L5150 | L5160 | L5200 | L5210 | L5220 | L5230 | L5250 | L5270 | L5280 | L5301 | L5312 | L5321 | L5331 | L5341 | |
| Prosthetics with a retail or cumulative rental cost more than \$1,000. | L5400 | L5420 | L5500 | L5505 | L5510 | L5520 | L5530 | L5535 | L5540 | L5560 | L5570 | L5580 | L5585 | L5590 | L5595 | L5600 | L5610 | L5611 | L5613 | L5614 | |
| Advance notification required only in outpatient setting (to include home). | L5616 | L5639 | L5643 | L5649 | L5651 | L5681 | L5683 | L5700 | L5701 | L5702 | L5703 | L5707 | L5724 | L5726 | L5728 | L5780 | L5781 | L5782 | L5795 | L5814 | |
| | L5818 | L5822 | L5824 | L5826 | L5828 | L5830 | L5840 | L5845 | L5848 | L5856 | L5857 | L5858 | L5930 | L5960 | L5961 | L5966 | L5968 | L5973 | L5979 | L5980 | |
| | L5981 | L5987 | L5988 | L5990 | L6000 | L6010 | L6020 | L6026 | L6050 | L6055 | L6100 | L6110 | L6120 | L6130 | L6200 | L6205 | L6250 | L6300 | L6310 | L6320 | |
| | L6350 | L6360 | L6370 | L6380 | L6382 | L6384 | L6400 | L6450 | L6500 | L6550 | L6570 | L6580 | L6582 | L6584 | L6586 | L6588 | L6590 | L6621 | L6624 | L6638 | |
| | L6646 | L6648 | L6693 | L6696 | L6697 | L6707 | L6709 | L6712 | L6713 | L6714 | L6715 | L6721 | L6722 | L6880 | L6881 | L6882 | L6883 | L6884 | L6885 | L6895 | |
| | L6900 | L6905 | L6910 | L6920 | L6925 | L6930 | L6935 | L6940 | L6945 | L6950 | L6955 | L6960 | L6965 | L6970 | L6975 | L7007 | L7008 | L7009 | L7040 | L7045 | |
| | L7170 | L7180 | L7181 | L7185 | L7186 | L7190 | L7191 | L7499 | L8035 | L8039 | L8041 | L8042 | L8043 | L8044 | L8049 | L8499 | L8505 | L8604 | L8609 | L8699 | |

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|--|---|
| <p>Proton beam therapy</p> <p>Focused radiation therapy using beams of protons Indicate whether proton beam therapy is performed as part of a clinical trial. Please reference the Clinical Trials sections.</p> | <p>77520 77522 77523 77525</p> |
| <p>Rhinoplasty</p> <p>Treatment of nasal functional impairment and septal deviation</p> | <p>30400 30410 30420 30430 30435 30450 30460 30462 30465</p> |
| <p>Sleep apnea procedures and surgeries</p> <p>Maxillomandibular advancement or oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea.</p> <p>Applies to inpatient or outpatient, including but not limited to: Palatopharyngoplasty: oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty Applies only for surgical sleep apnea procedures and not sleep studies.</p> | <p>21685 41512 41530 41599 42145</p> |
| <p>Sleep studies</p> | <p>95800 95801 95805 95806 95807 95808 95810 95811</p> |
| <p>Spinal stimulator for pain management</p> <p>Spinal cord stimulators when implanted for pain management</p> | <p>63650 63655 63685</p> |
| <p>Transplant of tissue organs</p> <p>Organ or tissue transplant or transplant related services</p> | <p>For transplant and CAR-T cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member’s health plan ID card.</p> |

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|--|--|
| <p>before pre-treatment or evaluation Must request for transplant or transplant-related services before pre-treatment or evaluation.</p> | <p>Evaluation for transplant 99205</p> <p>Bone marrow harvest 38240 38241 38242</p> <p>Heart/lung 33930 33935</p> <p>Heart 33940 33944 33945</p> <p>Lung 32850 32851 32852 32853 32854 32856 S2060 S2061</p> <p>Kidney 50300 50320 50323 50340 50360 50365 50370 50380 50547</p> <p>Pancreas 48551 48552 48554</p> <p>Liver 47135 47143 47147</p> <p>Intestine 44132 44133 44135 44136</p> <p>Services related to transplants 32855 33933 38208 38209 38210 38212 38213 38214 38215 38232 44137 44715 44720 44721 47133 47140 47141 47142 47144 47145 47146 50325 S2152</p> <p>CAR-T Cell Therapy 0537T 0538T 0539T 0540T Q2041 Q2042</p> |
| <p>Vagus nerve stimulation</p> <p>Implantation of a device that sends electrical impulses into one of the cranial nerves</p> | <p>61885 64568</p> |
| <p>Vein procedures</p> <p>Removal and ablation of the main trunks and named branches of the saphenous</p> | <p>36473 36475 36478 37700 37718 37722 37780</p> |

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|--|---|
| veins to treat venous disease and varicose veins of the extremities | |
| <p>Ventricular assist devices</p> <p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.</p> | <p>33927 33928 33929 33975 33976 33979 33981 33982 33983</p> |